



# H1N1



## KIDSNET DATA SHEET

Complete for all persons less than 19 years of age

<b>H1N1 Vaccinator</b>		Existing KIDSNET Users Place Label Here	
<b>Date H1N1 Administered</b> ____ / ____ / ____		<b>- OR -</b> Complete the Demographic Information Below	
<b>CPT 90663</b>			
<b>Child's Information:</b>		<b>Child Date of Birth</b>	
<b>First Name</b>	<input type="text"/>	<input type="text"/>	
<b>Last Name</b>	<input type="text"/>	<b>Sex:</b> <input type="button" value="M"/> <input type="button" value="F"/>	
<b>Parent's Information: (Do not submit foster care parent information)</b>		<b>Parent Date of Birth</b>	
<b>First Name</b>	<input type="text"/>	<input type="text"/>	
<b>Last Name</b>	<input type="text"/>		
<b>Address</b>	<input type="text"/>	<input type="text"/>	
<b>City</b>	<input type="text"/>	<b>State</b>	<b>Zip Code</b>

Mail at least weekly in KIDSNET postage paid mailers

**Mark envelope: H1N1**

Or

Deliver to: Rhode Island Department of Health

3 Capitol Hill

H1N1 KIDSNET--Room 302

Providence, RI 02908-9900

Additional forms may be printed from: <http://pandemic.health.ri.gov/h1n1/resources/>

Printing on pink or other colored paper will expedite KIDSNET data entry